EPA			United		ental Protection agton, DC 20460	Work Assignment Number $4-42$							
			•	Work A	ssignment		Other X Amendment Number:						
Contract Number   Contract Period 12/16/2008 To 05/30/201								Title of Work Assignment/SF Site Name					
EP-C-	-08-01	0	Bas	9	Option Period Nur	mber 4		Healthy Communities Research					
Contractor Specify Section and paragraph													
SCIENTIFIC CONSULTING GROUP, INC, THE  2.2													
Purpose	******	Work Assig			Period of Performance								
		Work Assig	nment Amendment Approval		From 12/01/2012 To 05/30/2014								
Comme													
Sustainable and Healthy Communities Research Program Community Engagement Activities													
Superfund Accounting and Appropriations Data X Non-Superfu										Non-Superfund			
Note: To report additional accounting and appropriations date use EPA Form 1900-69A.  (Max 2)													
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (D	collars) (Cents)	Site/Project (Max 8)	Cost Org/Code (Max 7)			
1		<u> </u>											
2								•					
3													
						<del></del>							
4					////				50	3 Argune 1 4 4 40			
5					. (14/ 1 4 3	10.3							
0	Desirate			Aut	norized Work Assi	gnment Cellin							
Contract Period: Cost/Fee: LOE:													
12/16/2008 To 05/30/2014 This Action:										-			
T-A-I													
Total:  Work Plan / Cost Estimate Approvals													
Contract	tor WP Date	ed:		Cost/Fee:				LOE:					
Cumulat	ive Approve	ed:		LOE	LOE:								
			Outra Data				1 0						
Work As	signment M	lanager Name	Susan Pete:	rson				Branch/Mail Code:  Phone Number 202-564-1077					
		(0)	()		(Date								
Project (	Officer Nam	(Signa	ure) Revely-Wi		FAX Number:								
F10Ject (	JIICH IVAIII	e Melisso	. Kevery-wr		Branch/Mail Code:								
					Phone Number: 703-347-8523								
	0.00	(Signa	ture)		FAX Number: 703-347-8696								
Otner A	gency Offic	iai Name			Branch/Mail Code:								
0					Phone Number:								
(Signature) (Date)								FAX Number:					
Contract	ting Official	Name Cami	lle W. Dav		Branch/Mail Code:								
					Phone Number: 513-487-2095								
	-	(Signa	ture)	FAX	FAX Number: 513-487-2115								

## PERFORMANCE WORK STATEMENT Contract Number: EP-C-08-010 Work Assignment Number 04-42 Amend 1

Title: Sustainable and Healthy Communities Research Program Community Engagement Activities

SOW Section & Paragraph: 2.2

PERIOD OF PERFORMANCE:

Option Year 4: From date of award to 5/30/14

The purpose of this amendment is to add the language in red below:

Task 2: Programmatic Information and Assessment

The Contractor shall provide support for compiling and assessing the issues, science (tools), partnerships for the Listening Session communities. The contractor will complete a report and other products on the information. The contractor will not be collecting or generating any environmental data. Building on the information gathered from the Listening Sessions, EPA will provide information from the community-based programs, including, websites, reports, or other sources. The contractor shall identify the existing science that is being used in communities (e.g., data sets, tools, information and methodologies, and the processes and partnerships) that help facilitate the use of the science in addressing environmental issues towards achieving sustainable communities. The Contractor shall review existing materials, conduct research, and provide graphics support to design documents. The Contractor shall publish the report in final format ready for printing. The Contractor shall work primarily with EPA staff for product development of compilation and assessment. The Contractor shall provide hard copies and electronic files of materials developed including Word format and published format for the web and printing.

			.,												
EPA			Ur	United States Environmental Protection Agency						Work As	Work Assignment Number				
			Washington, DC 20460  Work Assignment							4-42	4-42				
										Г	Other	X Amenda	ment Number:		
				WOIN ASSIGNMENT						-	000001				
Contract Nu	umher			Contract Pariod 10/15/0000 - 11/00/000						Title of \					
Contract Number Contract Period 12/16/2008 To 11/30/2013									2013	Title of Work Assignment/SF Site Name					
EP-C-08-010 Base Option Period Number 4									Health Communities						
Contractor Specify Section and paragraph of Contract SOW SCIENTIFIC CONSULTING GROUP, INC, THE 2.3, 2.4															
Purpose:											recovered to the state of the s				
Work Assignment Work Assignment Close-out															
Work Assignment Amendment Incremental Funding  Work Plan Approval									From 12/01/2012 To 11/30/2013						
Comments:															
												X			
Superfund Accounting and Appropriations Data									1			Х	Non-Superfund		
Note: To report additional accounting and appropriations date use EPA Form 1900-69A.															
SFO (Max 2)															
D(	ON	Budget/FY	Appropriati	on Budget (	ra/Codo	Program Ele	mont	Object Class	Amount	(Dollars)	(Cents)	Site/Project	Cost Org/Code		
e (Ma		(Max 4)	Code (Max		ax 7)	(Max 9		(Max 4)	Amount	(Dollars)	(00///3)	(Max 8)	(Max 7)		
1															
2															
3							-								
4			-	Compreh (Color)					J.F						
5															
			<u> </u>		Aut	horized Worl	Assi	gnment Ceilin	ng		l'				
Contract Per	riod:		Cost/	Fee:			*****		LO	E:					
12/16/	2008	To 11/3	0/2013												
This Action:		5 ×													
	-												-		
Total:															
					Wo	rk Plan / Cos	st Esti	mate Approva	als						
Contractor V	VP Date	d:		Cos	t/Fee:				L	LOE:					
Cumulative Approved: Cost/Fee:										OE:					
Work Assign	ment Ma	anager Name	Susan Pe	eterson					В	Branch/Mail Code:					
									P	Phone Number 202-564-1077					
(Signature) (Date)									—   F	FAX Number:					
Project Officer Name Melissa Revely-Wilson										Branch/Mail Code:					
									P	Phone Number: 703-347-8523					
(Signature) (Date)										FAX Number: 703-347-8696					
Other Agend	cy Officia	al Name								Branch/Mail Code:					
										Phone Number:					
		(Signa	iture)	(Date)						FAX Number:					
Contracting Official Name William Yates										Branch/Mail Code:					
,										Phone Number: 513-487-2055					
(Signature) (Date)										FAX Number:					